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Bib Data Sheet

SERIAL NUMBER 09/611,165	FILING DATE 07/06/2000 RULE -	CLASS 707 705	GROUP ART UNIT 2771 3626	ATTORNEY DOCKET NO. 5044:84
APPLICANTS John C. Calhoun JR., Holliston, MA ; Mark P. McCormick, Washington Crossing, PA ; Michael D. Abbott, Northwood, NH ; Paul J. Grous, Concord, MA ;				
** CONTINUING DATA ***** <i>none V.F</i>				
** FOREIGN APPLICATIONS ***** <i>none V.F</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/22/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>V.F</i> Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 12
INDEPENDENT CLAIMS 2				
ADDRESS David H Judson Hughes & Luce LLP 1717 Main Street Suite 2800 Dallas ,TX 75201				
TITLE Web-based managed care system having a common administrative account				
FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 5604

SERIAL NUMBER 09/611,165	FILING OR 371(c) DATE 07/06/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 5044:84
APPLICANTS John C. Calhoun JR., Holliston, MA; Mark P. McCormick, Washington Crossing, PA; Michael D. Abbott, Northwood, NH; Paul J. Grous, Concord, MA;				
** CONTINUING DATA ***** <i>none VF</i>				
** FOREIGN APPLICATIONS ***** <i>none VF</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/22/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>V.F</i>		STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 12
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS Stanley R Moore Esq Jenkins & Gilchrist PC 1445 Ross Avenue Suite 3200 Dallas ,TX 75202				
TITLE Web-based managed care system having a common administrative account				
FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	